	PATENT /			N FEE D e Decemi				n recoi	RD		09/4	45	614		
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
F	R		NUMBER FILED			NUMBER EXTRA			Г	RATE	FEE	7	RATE	FEE	
B/	SIC FEE								80.23		345.00	OR		690.00	
TOTAL CLAIMS			1,3	minus	20=	•				X\$ 9=		OR	X\$18=		
NDEPENDENT CLAIMS 4 minus 3 = 1							·ſ	X39=		OR	X78=	79.00			
AL	LTIPLE DEPEN	(DENT	CLAIM PI	RESENT	t	+130=	1	ОЯ	+260≃	13.63					
If the difference in column 1 is less than zero, enter "0" in column 2										TOTAL	┼	OR	TOTAL	768.60	
	C	LAIMS	S AS A	, MENDEC	) - P	ART II					<u> </u>	70	OTHER		
_		(Colt	ımn 1)		{C	olumn 2	<u>(</u>	Column 3)	_	SMALL	ENTITY	OR	SMALL		
RMERUMEN! AT		REM.	aims Aining Ter Dment		PF	HIGHEST NUMBER NEVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Totai	. 1	3	Minus	••	20	-	Ø		X\$ 9=		OR	X\$18=		
E	Independent		4	Minus	***			k	Γ	X39=		OR	X78=		
	FIRST PRESE	NIAIKO	N OF ML	JUTIPUE DEI	END	ENI CLA	AIM		Γ	+130=	·	OR	+260=		
									Ŀ	TOTAL	1		TOTAL		
		(Colu	ımn 1)		(C	olumn 2)	) (0	Column 3)	AE	DOIT. FEE	<u></u>	1011	ADDIT. FEE!	L	
MEGNUMENT Q	15 10	CL	ums Uning	4 1 4		HIGHEST NUMBER	• [	RESENT	Г		ADDI-	1		ADDI-	
		AF	TER		PA	EVIOUSLY AID FOR		EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	AMEN	OMENT 7	Minus	**	70	_	B	r	X\$ 9=	FEE	OR	X\$18=	FEE	
	Independent	•	7	Minus	***	4	=	Ø	-	X39=			X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								$\vdash$			OR		_	
									Ŀ	+130=		OR	+260⇒		
	- «)								AD	TOTAL DIT. PEE	L	OR	TOTAL ADDIT, FEE		
	7-06		mn 1)		_	olumn 2)	) (0	olumn 3)				_			
EMENOMEN .		REM/ AF	NIMS NINING TER DMENT		PA	HIGHEST NUMBER EVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
1	Total	• (	2	Minus	10	<del>2</del> 0	-			X\$ 9= ·		OR	X\$18=		
	Independent	•	3	Minus	***	9	-		<b> </b>	X39=			^X78=		
•	FIRST PRESE	NTATIO	N OF ML	ALTIPLE DEF	PEND	ENT CLA	UM/		$\vdash$	V09=	<b></b>	OP	A10=		
					_			_		+130=		OR	+289=		
••	I the entry in colur f the "Highest Nur If the "Highest Nur The "Highest Nur	mber Pre	viously Pa viously Pa	id For IN THI Id For IN THI	S SPA S SPA	CE is less CE is less	than 2 than 3	0, enter "20." , enter "3."		TOTAL DIT. FEE In the ap		•	TOTAL ADDIT. FEE umn 1.		

Application or Docket Number